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ABSTRACT

Because public health problems affect schools and communities so pervasively, schools inevitably must alter their mission to act as important service delivery sites for public health services, as well as for some community primary health services. Learning comes easier to healthy children, and health problems interfere with learning. Psychologists' expertise in understanding and changing behavior provides a valuable tool to remedy behavioral health problems. The most serious and expensive health and social problems that affect the nation today are caused in large part by behavior patterns established during youth. Psychologists, who have scientific knowledge about behavioral health and expertise in prevention and intervention, are well prepared to contribute to the amelioration of these costly social problems. Psychologists are uniquely prepared to help provide comprehensive health, education, social and preventive services in schools and communities. Their expertise in research provides an important tool for ensuring the effectiveness and efficiency of these services. Specific contributions of psychology to critical aspects of school health, and school health care reform are presented. Chapters are: (1) Why Health is Important to Education and Schools; (2) Why Psychology Is Important to School Health; (3) The Roles Psychologists Can Play in School Health; and (4) Psychology's Response to Comprehensive School Program Components. Contains 24 references. (JBJ)

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School Health: Psychology's Role

A Report to the Nation

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AMERICANS HAVE RECOGNIZED for generations that one of the most important functions of schools is to maintain and improve health. In 1918, health was listed as the first of Seven Cardinal Principles of Education established for the United States. Today, school health programs are one of the most efficient means available to prevent unhealthy behavior patterns and to address growing health and social problems among youth. In fact, in a 1993 Gallup Survey commissioned by the American Cancer Society, adolescents, parents, and school administrators reported that education about health is of equal or greater importance to them as other school subjects. As national interest in accessible school health increases, psychologists who work in and with schools are reconfiguring their services toward consumer-driven, school-based and school-linked health care services.

Current federal legislation further acknowledges the intimate connection of schools, education, and health. Just as *Goals 2000: The Educate America Act* (1994) provides a framework for education reform, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (1990) furnishes a structure and goals for improving health in the United States. The education and health care reform movements converge in these documents, establishing benchmarks for developing comprehensive services for children, adults, and families by the year 2000. Four of the eight national education goals in *Goals 2000* refer specifically to health service needs in schools, and at least 15 of the health promotion objectives in *Healthy People 2000* are directed toward schools. Schools also can play important roles in achieving nearly 100 additional *Healthy People 2000* objectives. In combination, *Goals 2000* and *Healthy People 2000* spotlight the important interrelationships between health and education for children and youth, thus providing a blueprint for action to address critical needs.

To emphasize federal agency support for these initiatives, U.S. Secretary of Education Richard W. Riley and U.S. Secretary of Health and Human Services Donna E. Shalala issued a joint statement on the importance of school health in 1992. Their joint statement stressed that "America's children face many compelling education, health, and developmental challenges that affect their lives and futures; to help children meet these challenges, education and health must be linked in partnership; school health programs support the education process, integrate services for disadvantaged and disabled children, and improve children's health prospects; reforms in health care and in education offer opportunities to forge the partnerships needs for our children in the 1990s; and that *Goals 2000* and *Healthy People 2000* provide complementary visions that, together, can support our joint efforts in pursuit of a healthier, better educated Nation for the next century." At least two dozen major reports have echoed the words of the Secretaries, calling for the nation to reconceptualize and regenerate its school health programs.

The charges articulated in the Joint Statement will require a comprehensive, integrated effort that links schools and communities to meet children's educational, health, social, mental health, and developmental needs. America's schools must work closely with parents, extended family members, social service, health, welfare and juvenile justice agencies, businesses, and communities to address powerful factors that affect school health and learning. Psychology's research base and intervention expertise will be a vital link in developing these services.

School Health: Psychology's Role

by
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AMERICAN PSYCHOLOGICAL ASSOCIATION

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Why Health Is Important to Education and Schools

NUMEROUS REPORTS DOCUMENT THE DIRE STATUS of our nation's children. One in five children now lives in poverty and each year an estimated 10,000 die from poverty's effects. Nearly one million infants begin life each year without prenatal care and more than 250,000 babies are born with low birth weight. In 1991, approximately 429,000 children lived in foster homes, group homes, or institutional settings. During 1987, almost 2.5 million thefts and about 465,000 violent crimes occurred in and around schools.

At first inspection, these and other of the most serious problems that beset schools today seem to be outside of the mission of our schools. Violence, substance abuse, and sexual risk behaviors certainly have a large impact on schools and affect both student learning and school functioning. But these problems, however difficult they are for schools and communities, are not in the realm of classwork and curriculum. In fact, they occur most often off the school grounds, and they affect most immediately the physical well-being of our children. They are public health problems.

However, because public health problems affect our schools and communities so pervasively, schools inevitably must alter their mission to act as important service delivery sites for public health services, as well as for some community primary health services. The nature and structure of schools make them key agents for integrating health care and education into a comprehensive, community-based prevention medium. Most school health initiatives acknowledge the schools' primary promise as health education and preventive agencies, as well as their partnership role in primary health care services.

Learning comes easier to healthy children, and health problems interfere with learning. Despite the best efforts of the most dedicated teachers, students who come to school undernourished or malnourished, intoxicated by drugs or alcohol, in pain, or suffering from other health problems, will not be ready to benefit from instruction. Much of the time, these health problems have behavioral causes and require systematic behavior change to be resolved. Psychologists' expertise in understanding and influencing individual and population behavior and in maintaining healthy behavior provides a valuable tool to remedy behavioral health problems.

Psychologists' expertise in understanding and changing behavior provides a valuable tool to remedy behavioral health problems.

We also know that education affects health. Educating elementary students to make healthy choices will improve their physical well-being and can influence their behavior well into adulthood. Teaching middle school students to negotiate conflicts instead of fighting may make schools and communities safer and more caring places. At the high school level, fostering healthy attitudes and behaviors may lower the incidence of tobacco, alcohol, and drug use and pregnancy. All of these interventions allow students to be better positioned to graduate from school and become productive, contributing citizens. Psychologists, working with parents and service providers, bring important skills to promote effective health education.

Why Psychology is Important to School Health

THE MOST SERIOUS AND EXPENSIVE HEALTH and social problems that afflict our nation today are caused in large part by behavior patterns established during youth (e.g., tobacco, alcohol, and drug use; unhealthy diets; sedentary lifestyle; violence; sexual risk behaviors). Psychologists, who have scientific knowledge about behavioral health and expertise in prevention and intervention, are well prepared to contribute to the amelioration of these costly social problems. Psychologists are skilled in linking schools and communities together to address more effectively health, mental health, social, and developmental issues as well as education.

As a scientific discipline with expertise in all these areas, it is possible for psychology to stand at the nexus of the converging reform movements in health, education, and human services. Psychologists' expertise in development, health, learning, and organizations, as well as services integration can provide the necessary information and tools to help schools implement a coordinated system of health and education services to students, staff, families, and communities.

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The Roles Psychologists Can Play in School Health

PSYCHOLOGY'S KNOWLEDGE BASE PROVIDES A STRONG FOUNDATION for school health initiatives to address the complex problems that our children face. With their skills in understanding and influencing individual and population behavior, psychologists are uniquely prepared to help provide comprehensive health, education, social, and preventive services in schools and communities. Their expertise in research provides an important tool for ensuring the effectiveness and efficiency of these services. Some specific contributions of psychology to critical aspects of school health are presented below.

Matching Learner and Lesson. Recent health and education legislation recognizes the critical importance of matching programming and instruction to the developmental level of the child. This match is especially important in school health education programs. To be effective, school health education programs must be meaningful and relevant to the students they target; they must be age-and developmentally-appropriate. Research contributions of developmental, educational, and school psychologists have been key to determining developmental milestones and paths in childhood and adolescence. Developmental appropriateness may be particularly critical as services to children move beyond traditional instruction in the schools to integrated education and health services. Such integration of children's services may require increased sensitivity to and knowledge of whole-child developmental characteristics. Psychology has a long history of addressing these issues.

Blending Health into the Curriculum. Recognition of the effects of health and social factors on learning and school performance has resulted in increased demands on schools to address multiple aspects of children and their families to ensure quality education. Problems such as violence, discipline, substance abuse, and alienation must be addressed at the same time that teaching must occur. Many psychologists can bring a unique combination of psychological and educational expertise and experience to integrating instructional programs in content areas with other programs necessary for ensuring healthy, educated, responsible citizens. The integration of academic learning with comprehensive school health, violence and substance abuse prevention, and parent participation activities is a vital and growing need in American education. Ensuring effective adoption, validation, and dissemination of effective curricular models and program strategies is even more important. With their dual training in psychological principles and educational practice, school and educational psychologists are well-suited to effective integration of comprehensive programs into the school curriculum.

Understanding and Changing Behavior — Behavioral Health. American schools are increasingly concerned with the effect of children's health on their performance in school. Health risk behaviors such as poor nutrition, lack of exercise, violence, and substance abuse have a profound effect on children's learning and school functioning. Psychologists have been important contributors to research on the prevalence and nature of risk behaviors, particularly in relation to behaviorally-based mortality factors. The most prominent of these factors include tobacco use; alcohol and other drug abuse; sexual behaviors resulting in infection with the human immunodeficiency virus, in other sexually transmitted diseases, or in unintended pregnancy; behaviors resulting in intentional and unintentional injuries; dietary patterns resulting in disease; and sedentary lifestyles. Additionally, psychologists have made particular contributions to the schools' role in understanding,

preventing, and treating these behaviorally-based health problems.

Integrating Services. Another important facet of recent reform legislation is the awareness that children live and grow in an increasingly complex environment. The different components of children's environments interact dynamically and continously to influence their development. Recognition of the importance of these interlocking influences requires an emphasis on a much broader and more coordinated educative focus to promote student development and learning. Failure to address behaviors and characteristics of parents, peers, and communities minimizes the potential effectiveness of school-based classroom educational interventions. Because parents, peers, and communities are critically important to children's development and learning, involvement of these groups in health education is crucial. The skills and expertise of psychologists provide a productive tool for pulling together various constituencies for effective planning and services for children.

Training and Consulting with Staff. Psychologists also represent a valuable resource for staff development and technical assistance for local education and community agencies. Given the major changes in practice that are mandated in recent reform legislation, additional knowledge and skills are critical for school-based educational personnel and service providers in communities. Psychologists can provide important expertise in at least two crucial areas of need in staff development. First, interprofessional education and practice continues to be a weak link in the integrated service delivery net. Lack of skill in working with other professions and agencies may exacerbate the much-documented fragmentation of services to children. Through their training in group process, consultation, and interdisciplinary teaming, psychologists can provide leadership in training educators and service providers to collaborate in developing strategies to resolve major social, health, and educational problems. And second, psychologists often have considerable expertise in training and technical assistance for groups that traditionally have not been included fully in education planning. These groups, including parents, students, and community members, are critical resources in planning, implementing, and evaluating services and must be integrated into service delivery. Their effectiveness in these roles will be minimal without considerable emphasis on systematic training and support.

Measuring School Health Problems and Evaluating Program Effectiveness. Reform initiatives have emphasized a data-driven approach to ensure that services are effective and based on the needs of children and their families. Psychologists' extensive training in data collection and data analysis provides schools and communities with a

PSYCHOLOGY'S CONTRIBUTIONS TO SCHOOL HEALTH

Cutting Edge Activities

Health Education

Behavioral Skills (for example, mediation and conflict management)

Child Development

Consultation with School Staff and Health Service Providers

Curriculum Integration

Faculty and Staff Wellness

Program Evaluation

Public Health

Behavioral Health

Collaboration with Parents and Families

Consultation with School Staff and Health Service Providers

Epidemiology Research

Primary Prevention

School and Community Risk Assessment and Management

Service Integration Leadership and Coordination between School and Community

System Needs Assessment, Planning, and Evaluation of Health Outcomes

School-based and School-linked Health Services

Behavioral Health

Collaboration with Physicians, Nurses, and other Health Service Providers

Counseling and Psychological Interventions

Individual and Group Assessment

Program Evaluation and Determination of Treatment Effectiveness

Continuing Activities

Counseling and Therapy

Consultation

Crisis Intervention

Employee Assistance Programs

Individual and Group Assessment

Parent/Family Education and Support

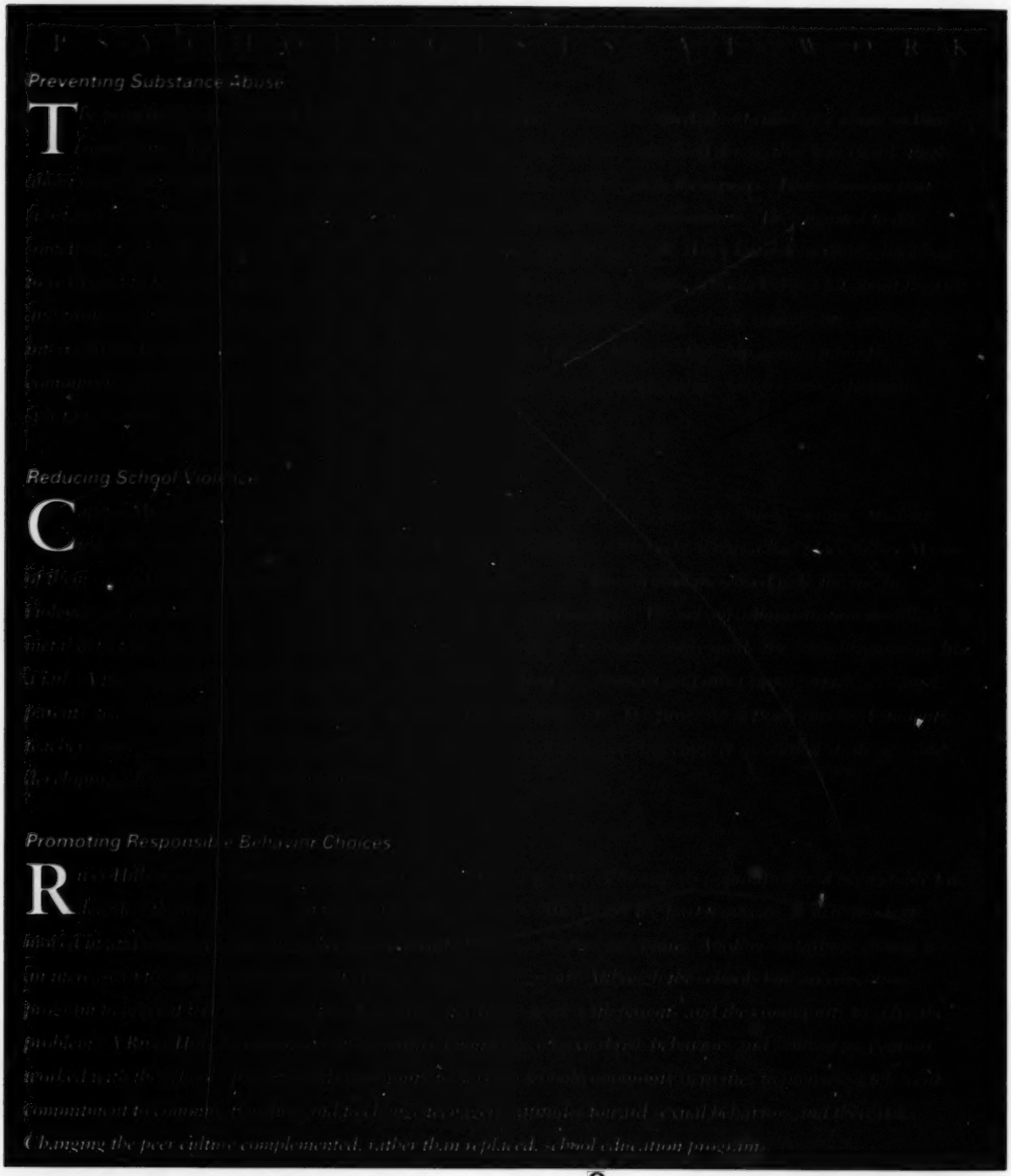
Prevention (Violence, Drop-Out, Substance Abuse, Teen Pregnancy)

Staff Training and Continuing Professional Development

Teaching of Psychology/Psychological Principles

Technical Assistance

readily-available tool to accommodate this emphasis. Psychologists with skills in needs assessment, epidemiological research, and quantitative research design will help schools and communities to identify problems accurately. Psychologists' expertise in program evaluation and statistical analysis techniques will aid in determining the effectiveness of education innovations. Also, psychologists' understanding of the complex nature of learning within the context of schools and communities will help to promote systemic changes to serve all children.



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Psychology's Response to Comprehensive School Health Program Components

FROM THE LATE 1800S UNTIL THE LATE 1900S, school health programs were limited in scope. However, with the reconceptualization of comprehensive school health in the late 1980s, schools found that many of the self-referrals made by students regarding health concerns really involved psycho-social issues, such as depression, anxiety, school avoidance, eating disorders, and post-traumatic stress disorder. Because of this, school staff increasingly turn to psychologists to address behaviorally-based health concerns, thus providing psychologists with new opportunities to function in expanded roles within the schools.

The discussion below highlights the kinds of contributions psychology can make to school health reform, from setting up school-based or -linked prevention programs to providing behavioral health services to individuals and groups within the school setting.

The dimensions of school reform are complex. The contributions of psychologists must be correspondingly multifaceted. Some of the key roles that psychologists play in conceptualizing and implementing fundamental change in each component of school health are addressed in the next section. Although the list obviously is not exhaustive in regard to the myriad ways by which psychologists may address school health issues, it uses the eight school health components identified by the U.S. Public Health Service, Centers for Disease Control and Prevention, Division of Adolescent and School Health, as a framework to highlight the contributions psychologists can make and the emerging roles psychologists can play in reformed schools.

Health Education

Priorities. Health education is defined as a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to be comprehensive and address such issues as personal, family, community, consumer, environmental, and mental/emotional health; sexuality education; injury prevention and safety; and prevention and control of disease. Health education should be provided by qualified teachers trained in this area.

Potential Roles. Psychologists are skilled in assessing individual needs and abilities. As essential members of the school health team, they offer knowledge on learner characteristics, teaching strategies, developmental sequencing of curricula, and task analysis which can be applied to all the content areas mentioned above. Given their expertise in assessment of students and systems, psychologists in schools can assist in the process of matching curricular needs to student readiness, thus helping produce

increased understanding of the subject matter and its application to real world situations.

2

Physical Education

Priorities. Physical education is also defined as a planned, sequential K-12 curriculum; service providers offer cognitive content and learning experiences in activity areas such as basic movement skills, physical fitness, rhythms and dance, games, sports, and gymnastics. Like health education, physical education is taught by qualified, trained teachers.

Potential Roles. Psychologists in schools have an opportunity to work in concert with physical educators emphasizing the unique perspectives within the discipline. For example, psychologists may consult with the physical education teacher on task analysis of various physical activities and motivational principles applied to the world of athletics. Similarly, they can work with the physical education staff by providing information on introducing students to positive physical education activities in ways that promote the student's desire to participate, thus increasing the variety and types of physical activities to which many children may be exposed, and introducing children and youth to positive activities for life-long fitness and enjoyment.

3

Health Services

Priorities. Health services form the basic core of health care delivery. These services are designed to assess, protect, and promote health, and historically have been provided by medical personnel, such as nurses, physicians, dentists, and other allied health personnel. Health services are designed to insure access to primary health care services, prevent and control communicable diseases, provide emergency care for illness or injury, and provide educational and counseling opportunities for the promotion and maintenance of individual, family, and community health.

Potential Roles. While health services have been primarily defined as a medical domain, now nurses and physi-

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cians are working collaboratively with psychologists and other health service providers to meet a challenging range of student needs. For example, triage teams combining medical and traditional mental health services providers, such as psychologists, counselors, and social workers, are now functioning in some schools to address a comprehensive range of student problems. This is an important reconceptualization of the health services component since it increases the person resources available to address an increasingly complex set of student and environment characteristics. As health service providers, psychologists are an important addition to the health services team.

Nutrition Services

Priorities. School nutrition services reflect the U. S. Dietary Guidelines for Americans; they are structured to promote the health and education of students by providing access to a variety of nutritious and appealing meals. In addition, school nutrition programs offer an opportunity for students to experience good nutrition and learn these precepts. Services are provided by qualified child nutrition professionals.

Potential Roles. The psychologist has much to offer to traditional food services. These staff can assist food services professionals by providing research on issues that often may be seen only by food service experts—conditions like eating disorders, such as bulimia and anorexia nervosa, and other behaviorally based problems with food consumption. In addition, given the vital link of good nutrition to appropriate cognitive development, psychologists have a vested interest in assisting students to access these essential services. Psychologists can also work with food services departments to change food consumption patterns and attitudes toward different kinds of food.

Health Promotion for Staff

Priorities. Health promotion programs are designed to provide school staff with health assessment, education, and health-related fitness activities so that they may display a greater commitment to the health of students and offer positive role modeling. While designed to improve productivity, decrease absenteeism, and reduce health insurance costs, staff health promotion can also generate a greater personal commitment by staff to maintain good health and to support the school's overall comprehensive health program.

Potential Roles. Health promotion for staff offers an opportunity for expanded service and practice opportunities for psychologists in schools. Since the roles of psychological personnel have often been restricted to a subcategory of the student population, primarily those identified as needing special education or other adapted instruction, expanding school psychological services to address the health concerns of the total school staff offers an exciting opportunity to reframe psychology in the schools.

Counseling, Psychological, and Social Services

Priorities. Traditionally provided by psychologists, school counselors, and social workers, the school health component of counseling, psychological, and social services is conceptualized as discrete from the school health services component mentioned earlier. The services include broad-based individual and group assessment, intervention, and referrals that address mental, emotional, and social health issues for students. In addition, organizational assessment and consultation that contributes to the overall health of students and the health environment of the school are considered part of this component.

Potential Roles. Providing psychological, counseling, and social services has been a traditional strength of psychological providers. As mentioned earlier, psychologists receive university training to provide these necessary functions. Emphasis of this health component in graduate curricula, in school-based internship experiences, and in local school district priorities would provide the necessary preparation and organizational sanctions for such services to be delivered. Given the essential connection among development, learning, behavior, and emotion, schools of the future will find it highly desirable to utilize psychologists' skills to help students be prepared to receive good instruction and to help teachers be prepared to deliver it.

7

Healthy School Environment

Priorities. A healthy school environment addresses the physical and aesthetic surroundings of the school, including the psycho-social climate and culture of the school. It includes creation of a safe and physically comfortable environment as well as one that is free of hazards and violence. The psychological environment, which encompasses the interrelated physical, emotion, and social conditions that affect the well-being and productivity of students and staff, is also part of a healthy school environment.

Potential Roles. Much attention has been paid in recent literature to the importance of offering a school environment conducive to learning. Schools are seeking ways to achieve this goal. With safe schools being a recognized feature of both health and education reform, monies from several legislative sources are available to support efforts in this area. School psychologists are in a critical position to advise schools on how to make their buildings and surrounding environment safe, disciplined, drug-free, and conducive to learning.

Creating safe and healthy behaviors is a traditional strength of psychological practice and research. The focus on achieving safe, disciplined, drug-free schools, for example, calls for behavior management and an organizational climate that prevent youth violence and substance abuse, all dimensions of psychological research and practice both within and outside the schools.

Through some fifty years of study, research by psychologists has determined that violence is not an inevitable consequence of the human condition, but a learned behavior. Today psychologists are helping schools work toward establishing safe environments by developing curricula that focus on violence prevention and reduction of aggression. Psychologists also identify children who have emotional and behavioral problems related to violence, and they institute intervention programs that help children learn nonviolent solutions to problems. Such efforts teach children to recognize anger and develop techniques that inhibit aggressive responses. Psychologists also help students develop such social skills as interpersonal problem solving, negotiation, and mediation of disputes among peers.

8

Parent/Community Involvement

Priorities. This school health component seeks to support the concept of an integrated school, one which brings the community and families into a dynamic partnership designed to enhance the health and well-being of students. Schools are encouraged to actively solicit parent involvement and engage community resources to respond in a services integration model to the health-related needs of students.

Potential Roles. In order to be successful, education and health reform must involve communities, families, and businesses as integral members of the planning, implementation, and evaluation team. Under these reform initiatives, psychological professionals have the opportunity to solicit community involvement in school plans, recruit businesses and other entities to support health services in schools, and work with researchers to determine that the services that are being provided are on-target and effective in addressing the established goals. Traditionally, school-based psychologists have worked with students as members of the larger family and community units. In reformed schools emphasizing school health, these initiatives increasingly will be expanded to draw upon the wealth of resources, including support and information, that children need for learning and development.

Summary

Combined with education reform, health care reform may create a sufficient mass of changes in the system for education to respond in new and innovative ways. Current reform legislation emphasizes health rather than mental health, prevention rather than treatment, social problems rather than educational or psychological problems, and integrated communities rather than schools in isolation. These new areas of emphasis can guide psychologists as partners with other school health staff to be responsive leaders in schools of the future.

Suggested Readings

Allensworth, D. D., & Kolbe, L. J. (1987). The comprehensive school health program: Exploring an expanded concept. *Journal of School Health*, *57*(10), 409-412.

American Academy of Pediatrics. (1993). *School health: Policy and practice*. Elk Grove Village, IL: Author.

Carlson, C. I., Tharinger, D., Bricklin, P., DeMers, S., & Paavola, J. C. (in press). Health care reform and psychological practice in schools.

Comer, J. P. (1992). Organize schools around child development. *Social Policy, 22*(3), 28-30.

Goals 2000: Educate America Act, Pub. L. No. 103-227. 103rd Cong., 2d sess. (March 31, 1994).

Gutkin, T. B. (in press). School psychology and health care: Moving our field into the twenty-first century. *School Psychology Quarterly.*

Healthy people 2000: National health promotion and disease prevention objectives. (1990). (DHHS Publication No. (PHS) 91-50212). Washington, DC: U.S. Government Printing Office.

Kolbe, L. J. (1993). An essential strategy to improve the health and education of Americans. *Preventive Medicine*, *22*(4), 544–560.

Kolbe, L. J., Collins, J., & Cortese, P. (in press). Building the capacity of schools to improve the health of the nation: A call for assistance from psychologists.

National Health/Education Consortium. (1990). *Creating sound minds and bodies: Health and education working together*. Washington, DC: Author.

National Health/Education Consortium. (1990). *Crossing the boundaries between health and education.* Washington, DC: Author.

Paavola, J. C., Carey, K., Cobb, C., Illback, R. J., Joseph, Jr., H. M., Routh, D., Torruella, A. (in press). Interdisciplinary school practice: Implications of the service integration movement for psychologists.

Paavola, J. C., Cobb, C., Illback, R. J., Joseph, Jr., H. M., Torruella, A., & Talley, R. C. (1995). *Comprehensive and coordinated psychological services for children: A call for service integration.* Washington, DC: American Psychological Association.

Payzant, T. W. (in press). Education reform in the United States: National policy and legislation.

Phillips, V., & Boysen, T. C. (in press). Psychology's role in state wide education reform: Kentucky as an example.

Riley, R. W., & Shalala, D. E. (1992). Joint statement on school health. *Journal of School Health*, *64*(4), 135.

Short, R. J., & Talley, R. C. (in press). Rethinking psychology and the schools: Implications of recent national social reform policy.

Short, R. J., & Talley, R. C. (in press). Social reforms and the future of school practice: Implications for American psychology.

Short, R. J., & Talley, R. C. (1995). Value added: A case for a reconceptualized doctoral school psychology. *The School Psychologist, 49*(3), pp. 62-64, 70.

Talley, R. C. (1995). Best practices in APA policy and advocacy for school psychology practice. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology - III* (pp. 191–199). Washington, DC: National Association of School Psychologists.

Talley, R. C., & Short, R. J. (1994). Health care reform and school psychology: A wake up call to school psychologists from school psychologists. *The School Psychologist, 48*(3), pp. 1, 3, 15.

Talley, R. C., & Short, R. J. (1995). *Reforming America's schools: Psychology's role: A report to the nation's educators.* Washington, DC: American Psychological Association Center for Psychology in Schools and Education.

Talley, R. C., & Short, R. J. (in press). Schools as health service delivery sites: Current status and future directions. *Special Services in the Schools.*

Tharinger, D. J., Lambert, N. M., Bricklin, P. M., Feshbach, N., Johnson, N. E., Oakland, T. D., Paster, V. S., & Sanchez, W. (in press). Education reform: Challenges for psychology and psychologists.

APA Center for Psychology in Schools and Education

THE APA CENTER FOR PSYCHOLOGY in Schools and Education (CPSE) was established in 1994 to serve as the Association's focal point for schooling and education issues. It promotes the consistent presence of the field of psychology in policy, practice, research, and programs for schools and education. The Center also raises awareness of the profession's commitment to schools and education among APA members; national, state, and local policymakers; and the general public.

The Center functions to increase the credibility and effectiveness of psychologists in serving as advocates for policies related to education reform, school health, other learner-focused issues, practice in educational settings, and in securing external funding for research and educational development. The CPSE develops, advocates for, and monitors legislation and policy on national and state education issues for learners of all ages. It provides a distinctive focus on schools and education within the Association — a Center by which members, policymakers, and the public can identify psychology's commitment to schools and education.

To achieve these ends, the Center coordinates the planning, implementation, and evaluation of school initiatives both within and outside APA. External efforts include federal, state, regional, and district advocacy of policies and practices related to psychology and education as well as liaison and information exchange with national educational and scientific societies, other professions, federal agencies, and the general public. The Center also provides a mechanism for coordination of APA programs that bring the knowledge and methods of psychology to bear on social reforms related to schools and education by working with and highlighting the work of APA directorates, divisions, and state psychological associations.

CPSE operations are organized around five dimensions: policy development and advocacy, research and information, marketing and public relations, regulation, and coordination/collaboration. Center dimensions include science, educational practice, psychological practice, and public interest.

APA Center for Education and Training in Psychology

THE CENTER FOR EDUCATION AND TRAINING in Psychology (CETP) serves as a central structure and forum for promoting quality education in psychology as a science, a profession, and a discipline. It advocates for the education and training of psychologists at national and state levels and coordinates education and training issues within the Association, across other professional associations, agencies, and institutions, and among psychology training groups and programs.

The Center addresses all facets of formal education and training in psychology, from the precollege to the post-doctoral level. Center activities are designed to support teachers and students of psychology at all levels, as well as to provide information and outreach services to the public in general. These activities include national and regional conferences, publications, background research for policy decisions, the undergraduate consulting service, and sup-porting the activities of a number of task forces and gov-ernance groups such as the Board of Educational Affairs and the Education and Training Awards Committee.

The Center's mission is to promote quality education and training for psychologists as scientists, practitioners, and academicians. It advocates for education and training in psychology at national and state levels and at all levels of training. The Center coordinates education and training issues within the Association, across other professional associations, agencies, and institutions, and among psychology training groups and programs. The purposes of the Center are to

1. provide a visible vehicle to promote graduate and professional education and training in psychology, both within psychology and outside of psychology;
2. provide a forum for innovative conceptualizations and exchange of ideas concerning education and training in psychology at all levels;
3. enhance the APA's ability to secure extramural funding for graduate and professional education and training in psychology;
4. facilitate the establishment of liaisons with professional and scientific organizations associated with education and training; and,
5. focus and coordinate policy and advocacy efforts on education and training issues.

Division of Adolescent and School Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Public Health Service
U.S. Department of Health and Human Services

THE DIVISION OF ADOLESCENT AND SCHOOL HEALTH (DASH) addresses the prevention of priority health risks among adolescents and youth. The DASH mission is to: (1) identify highest priority risks among youth; (2) monitor incidence and prevalence of risks; (3) implement national programs to prevent risks; (4) and evaluate and improve programs.

To carry out its vital mission, the Division provides support to national, state, and local agencies and organizations with the capacity to help address adolescent health. Among them are 57 state and territorial education agencies and 18 local education agencies; 25 national organizations which are leaders in promoting school health education; 3 demonstration centers that train policy makers and program managers; and regional training centers that help teachers in every state provide HIV education within programs of comprehensive school health education.

DASH currently supports Comprehensive School Health in ten states (two more states will soon be added) and would like to expand this program to every state in the nation. The model used in these ten states incorporates an eight component program that includes health education and health services. These activities have been accomplished by funding infrastructure at the state level in departments of health and education.

Central to the work of DASH are its continuing efforts to evaluate and improve program effectiveness and to develop surveillance systems for measuring risk behaviors among young people. In 1993, as part of the Youth Risk Behavior Surveillance (YRBS) System, DASH conducted a national school-based Youth Risk Behavior Survey among a representative sample of 16,296 high school students in grades 9-12. The data summarized from that survey are used by local communities to develop programs that target the most prevalent high risk behaviors.

SOCIAL REFORMS REFLECT SOCIETY'S attempt to address dramatic challenges to the social order; they impact the population as a whole and children in particular. Since schools are a reflection of the communities in which they are embedded, social reform does not stop at the schoolhouse door, but rather is felt throughout the education system.

Challenges to educational excellence, threats to child safety and development, and concern with a human services system that is often fragmented and dysfunctional all factor together to compel action. The roles for psychologists as presented in this document are attempts to highlight this valuable partner's contributions as a part of the school health service team. Psychologists, as experts in education, health, and human services, have a responsibility to lend their expertise, skills, and leadership to this tremendous challenge. By working as colleagues with other school health service providers, such as school nurses, physicians, health educators, nutrition service workers, and physical educators, psychologists stand poised to play a pivotal role in building the capacity of schools to improve the health of the nation.

For more information on how psychologists can help implement school health initiatives, call the APA Center for Psychology in Schools and Education or the APA Center for Education and Training in Psychology, 202/336-5970.

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